

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/07/2010
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/25/2010 |
|---|---|--|--|

LTC Residents Protection
JUN 18 2010
Director's Office

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER COKEBURY VILLAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 726 LOVEVILLE ROAD HOCKESSIN, DE 19707 |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------------|--|---------------------|--|----------------------------|
| F 000 | INITIAL COMMENTS | F 000 | | |
| F 225 SS=D | <p>An unannounced annual and complaint survey was conducted at this facility from May 18, 2010 through May 25, 2010. The deficiencies contained in this report are based on observations, staff interviews, review of facility policies and procedures and other documentation as indicated. The facility census on the first day of the survey was thirty-seven (37). The survey sample totaled twenty (20) residents.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> | F 225 | <p>Cokesbury Village continually strives to provide quality services to our residents through our Quality Improvement Program of evaluation, education and implementation. The following are our latest efforts to improve our community.</p> <p>1. The resident involved has diagnosis of dementia with delusion and continues to take antipsychotic medication daily. The private duty aid (PDA) involved was <u>consoled</u> by the facility staff on the importance of reporting resident's complaints and concerns, so appropriate action can be taken timely to rule out possible mistreatment. The agency that employed the PDA was notified of the survey finding, and will follow up with their staff training and education.</p> | 5/19/10 |

| | | |
|--|---------------------------------|--------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robyn Crandall</i> | TITLE EXECUTIVE DIRECTOR | (X6) DATE 6/16/10 |
|--|---------------------------------|--------------------------|

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/07/2010
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/25/2010 |
| NAME OF PROVIDER OR SUPPLIER COKESBURY VILLAGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 726 LOVEVILLE ROAD HOCKESSIN, DE 19707 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 225 | <p>Continued From page 1</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, it was determined that the facility failed to ensure that a resident's allegation of mistreatment was immediately reported to administrator of the facility and to the state agency for one (R55) out of 20 sampled residents. Findings include:</p> <p>During an interview with R55 on 5/19/10, she stated that a staff person had been rough with her while giving her a shower. R55 had reported the incident to E3 (private duty aide) but did not remember when it occurred and would not reveal the staff person's identity.</p> <p>Interview with E3 on 5/19/10 revealed that R55 had told her about the alleged mistreatment. E3 also stated that R55 had told her that the staff person was a male aide and that it had occurred two months ago. On 5/21/10, E3 confirmed that she had not reported R55's allegation to the facility.</p> <p>Review of R55's nurse's notes and facility incident reports from 12/1/09 through 5/20/10 revealed a lack of any documentation about R55's allegation.</p> | F.225 | <p>2. A list of outside agency providers and the names of their employees who come to Cokesbury Village have been established. The list will be updated as changes occur. The agency will provide employee training record including the protocol of suspected abuse and neglect to the facility prior to sending the PDA with an assignment.</p> <p>Attachment # 1</p> <p>3. The facility will continue to provide a packet with resident's personal information and all required in-services to the PDAs. The packet will be placed in residents' rooms for easy access. A PDA is required to return a signed acknowledge form to facility staff prior to taking care of the resident.</p> <p>Attachment #2</p> | | <p>6/21/10</p> <p>6/30/10</p> |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/07/2010
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/25/2010 |
| NAME OF PROVIDER OR SUPPLIER COKESBURY VILLAGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 726 LOVEVILLE ROAD HOCKESSIN, DE 19707 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 225 | Continued From page 2 An interview with E1 (assistant director of nursing) on 5/21/10 confirmed that there was no incident report for R55's allegation. The interview confirmed that the facility failed to act on the incident as they were not aware of the situation. Interview with E2 (staff development nurse) on 5/20/10 revealed that E3 had been provided a document of procedures listing the facility's requirements to work with their residents. This procedure indicated that all private duty staff was to communicate with the facility prior to leaving each day and notify them of any concerns with the resident. The facility procedure did not include abuse allegations. E2 confirmed that E3's agency was supposed to train their staff on abuse. E2 confirmed that E3 had not followed their procedures. E2 requested the agency to provide evidence of E3's training information on abuse, however as of 5/25/10 there was no documentation given to the surveyor. | F 225 | 4. The staff ED/QI will do random audit quarterly to ensure compliance, the result will be reported to quarterly QI X 12 monthly or until 100% compliance is achieved. Attachment #3 | | 7/15/10 |
| F 371 SS=F | 483.35(j) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations made in the dietary department, staff interviews, and review of facility | F 371 | 1. Immediate action was to suspend any use of the 3 compartment sink and contact Ecolab to check sanitizer dispenser. 2. Due to the fact that 99% of items are cleaned/sanitized utilizing the dishmachine, the 3 Compartment sink is used very infrequently or during emergency situations when the dishmachine is inoperable. | | 5/18/10 5/18/10 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/07/2010
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|--|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/25/2010 |
| NAME OF PROVIDER OR SUPPLIER COKESBURY VILLAGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 726 LOVEVILLE ROAD HOCKESSIN, DE 19707 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 371 | <p>Continued From page 3</p> <p>policy, it was determined that the facility failed to prepare, distribute and serve food under sanitary conditions. Findings include:</p> <p>1. During kitchen observations on 5/18/10 at 8:45 AM, a test of the sanitizer (quaternary ammonia) concentration in the three-compartment sink revealed that no sanitizer could be detected. The dietary procedures posted on the wall above the sink stated that the sanitizer should be at a concentration of 150-400 ppm (parts per million).</p> <p>Interview with E4 (dining service director) on 5/18/10 revealed that the facility's chemical vendor was called to check their sanitizer dispensing system and discovered some problems which were subsequently repaired. E4 confirmed that the sanitizer concentration was required to be between 150-400 ppm as per manufacturer's guidelines.</p> <p>The facility failed to provide adequate sanitizer in their warewashing sink to sanitize kitchen equipment.</p> <p>2. An observation in the kitchen on 5/18/10 at 9:00 AM revealed that the hair restraint worn by E5 (dining staff) failed to completely cover his/her hair while preparing food for lunch. Additionally, on 5/19/10 at 1:50 PM, E6 (chef) was observed with a hair restraint that failed to completely cover his/her hair while preparing chicken for dinner.</p> <p>The facility policy entitled "Employee Sanitary Practices" stated that all employees shall wear hair restraints and clean clothes. Staff interview with E4 confirmed these findings.</p> <p>3. On 5/18/10, observation of the vegetable sink</p> | F 371 | <p>3. When 3 compartment sink is utilized, sanitizer levels will be checked to insure accuracy and will be logged on tracking sheet. Any issues/concerns will be reported immediately to Chef/Manager. Staff in-serviced on proper usage. Attachment #4</p> <p>4. Chef/Manager will monitor to insure that when necessary, tracking sheet is utilized for sanitizer accuracy. Attachment #5</p> <p>1 Immediate action was to readjust the hairnet on those employees who had them on incorrectly.</p> <p>2 Staff in-serviced on the proper use of hairnets. Attachment #6</p> <p>3 Continue to monitor and direct staff on proper use of hair restraints as well as weekly spot checks documented in QI program.</p> <p>4 Compliance check will be to monitor visually and conduct spot checks for 8 weeks starting 6/21/10 will be recorded in QI program Attachment #7</p> | <p>6/18/10</p> <p>7/15/10</p> <p>5/18/10</p> <p>6/18/10</p> <p>6/18/10</p> <p>6/21/10</p> | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/07/2010
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/25/2010 |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER

COKESBURY VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

**726 LOVEVILLE ROAD
HOCKESSIN, DE 19707**

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------------|---|---------------------|---|---------------------------------------|
| F 371 | Continued From page 4 revealed that the drain pipe was directly piped through the floor and did not have the required air gap per the Delaware food code. An interview with E4 (dining service director) confirmed this finding. | F 371 | 1 Staff was instructed to refrain from using the deficient sink to eliminate the risk to residents. The drain pipe to the sink was reconfigured to provide for an "air gap" as required by code. | 6/14/10 |
| F 441 SS=F | 4. Food debris was observed on the floor under the ice machine, on the dry food storage area floor, on the pot storage rack floor, and on the grease trap cover on 5/18/2010 at 9:30 AM. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. | F 441 | 2 Other sinks in the food preparation area were examined and found to have the proper "air gap". 3 Staff will be instructed to use only sinks that have "air gaps" when preparing food. In-service training detailing the reasons for "air gaps" and how to identify sinks that are not to be used for food preparation Attachment #8 4 Plant Operations maintenance staff in-serviced as to compliance with Food Code related to "air gaps" to assure that proper gaps are maintained when repairing or modify plumbing system that are use for food preparation. Attachment #9 | 6/14/10 6/18/10 6/11/10 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/07/2010
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/25/2010 |
| NAME OF PROVIDER OR SUPPLIER COKESBURY VILLAGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 726 LOVEVILLE ROAD HOCKESSIN, DE 19707 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 441 | <p>Continued From page 5</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, it was determined that the facility failed to follow recommended CDC guidelines for washing of soiled linen. Findings include:</p> <p>Review of facility infection control procedures revealed the procedure for washing soiled linens was missing from the book. An interview with E7 (environmental services team leader) on 5/21/10 revealed that their procedures stated they could wash soiled linen from 130-140 degrees Fahrenheit.</p> <p>Review of the facility washers' hot water temperature logs revealed the temperatures to be between 135-150 degrees Fahrenheit for the time period of December 2009 through April 2010.</p> <p>Observations in the laundry washer area on 5/24/10 revealed that the hot water tanks that supply the laundry soiled linen washers were being repaired by the maintenance staff. Interview with E8 (maintenance director) revealed that the thermostat was being replaced and the water adjusted to higher levels to meet the</p> | F 441 | <ol style="list-style-type: none"> 1. Immediate action was to clean identified areas. 2. Update Master Cleaning Schedule for Cooks & Utility Workers to include identified areas. Attachment #10 3. Change made to the daily routine to now consist of a 2:00pm sweep & mop of entire kitchen. Staff in-serviced. Attachment #11 4. Bi-weekly sanitation inspections instead of monthly will be completed and shared at QI meeting. Attachment #12 | | <p>5/18/10</p> <p>5/18/10</p> <p>5/18/10</p> <p>5/24/10</p> <p>5/24/10</p> |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

| | | | |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/25/2010 |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

COKESBURY VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

726 LOVEVILLE ROAD
HOCKESSIN, DE 19707

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------------|--|---------------------|--|----------------------------|
| F 441 | Continued From page 6 requirement of at least 160 degrees Fahrenheit. E8 confirmed he became aware of the problem on 5/21/10. | F 441 | 3. Staff were instructed to regularly log the temperatures of the soiled linen washers on the log sheet maintained for this purpose. Staff were instructed to notify management if temperatures do not meet the 160 F criteria. Attachment #13 | 6/11/10 |
| F 467 SS=F | 483.70(h)(2) ADEQUATE OUTSIDE VENTILATION-WINDOW/MECHANIC The facility must have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two. This REQUIREMENT is not met as evidenced by: Based on observations of the laundry room and staff interview, it was determined that the facility failed to maintain adequate outside ventilation by means of windows or mechanical ventilation as reflected by malfunctioning exhaust vents. Findings include: On 5/24/10, the facility soiled area or washer area of the laundry room was observed to have no negative air flow through the ceiling exhaust. Interview with E8 (maintenance director) on 5/24/10 confirmed that the vents were not drawing air. E8 stated that he would look into the situation. Additionally, on 5/24/10 the clean area of the laundry was observed without positive pressure. Interview with E8 revealed that the motor switch to the ventilation in the clean room was turned off. E8 was observed turning the motor on to the | F 467 | 4. Plant operation maintenance staff was instructed as to the required temperatures for the hot water heaters in this location. Staff made aware that this temperature must be able to be maintained when performing maintenance and repair of this equipment. Attachment #13 New Water temperature gauge to be installed directly on tank by July 1, 2010. 1. Supply air fan for the clean linen was turned on, immediately providing positive pressure for the clean (dryer) room. | 7/1/10 5/24/10 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/07/2010
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/25/2010 |
| NAME OF PROVIDER OR SUPPLIER COKESBURY VILLAGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 726 LOVEVILLE ROAD HOCKESSIN, DE 19707 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 467 | Continued From page 7 ventilation in the clean room of the laundry. | F 467 | <p>2. The soiled (washer) room exhaust fan was found to not be operating correctly, having a loose belt. This was replaced and negative (exhaust) ventilation was restored.</p> <p>3. It was observed that the former practice was to operate the clean (dryer) room with negative air to minimize air flow to the residential hallway was incorrect. The outside pressurization fans were turned back on and the doors to the corridor were closed thereby reestablishing a positive pressure in the washer room. Signs were posted on the switch for the fans warning not to turn them off and signs posted on doors to keep them closed.</p> <p>4. Laundry and maintenance and management staff in-serviced on regulations for proper ventilation for these rooms as systematic change. Attachment #14</p> | | <p>5/24/10</p> <p>5/24/10</p> <p>6/11/10</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 1 of 5

NAME OF FACILITY: Cokesbury Village

DATE SURVEY COMPLETED: May 25, 2010

**LTC Residents Protection
Director's Office
JUN 18 2010**

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|---|
| | <p>An unannounced annual and complaint survey was conducted at this facility from May 18, 2010 through May 25, 2010. The deficiencies contained in this report are based on observations, staff interviews and review of facility policies and procedures and other documentation as indicated. The facility census on the first day of the survey was 37. The survey sample totaled 20 residents.</p> <p>Skilled and Intermediate Care Nursing Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> | <p>Cokesbury Village continually strives to provide quality services to our residents through our Quality Improvement Program of evaluation, education and implementation. The following are our latest efforts to improve our community.</p> <p>1. The resident involved has diagnosis of dementia with delusion and continues to take antipsychotic medication daily. The private duty aid (PDA) involved was consoled by the facility staff on the importance of reporting resident's complaints and concerns, so appropriate action can be taken timely to rule out possible mistreatment. The agency that employed the PDA was notified of the survey finding, and will follow up with their staff training and education. 5/19/10</p> <p>2. A list of outside agency providers and the names of their employees who come to Cokesbury Village have been established. The list will be updated as changes occur. The agency will provide employee training record including the protocol of suspected abuse and neglect to the facility prior to sending the PDA with an assignment. 6/21/10 Attachment #1</p> <p>3. The facility will continue to provide a packet with resident's personal information and all required in-services to the PDAs. The packet will be placed in residents' rooms for easy access. A PDA is required to return a signed acknowledge form to facility staff prior to taking care of the resident. 6/30/10 Attachment # 2</p> |

Provider's Signature Rebecca Randall Title EXECUTIVE DIRECTOR Date 6/16/10



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 2 of 5

NAME OF FACILITY: Cokesbury Village

DATE SURVEY COMPLETED: May 25, 2010

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|----------|--|--|
| 3201.7.5 | <p>This requirement was not met as evidenced by:</p> <p>Cross refer to CMS 2567-L survey report date completed 5/25/10, F225, F441 and F467.</p> <p>Kitchen and Food Storage Areas.</p> <p>Facilities shall comply with the Delaware Food Code.</p> <p>Based on observations during the tour of the kitchen it was determined that the facility failed to comply with sections: 2-402.11 (A), 4-501.114 (B), 5-202.11 (A), and 6-501.12 (A) of the State of Delaware Food Code. Findings include:</p> <p>2-401.11 Effectiveness</p> <p>(A) Except as provided in ¶ (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed clean EQUIPMENT, UTENSILS, and LINENS; unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.</p> <p>This requirement was not met as evidenced by:</p> | <p>4. The staff ED/QI will do random audit quarterly to ensure compliance, the result will be reported to quarterly QI X 12 monthly or until 100% compliance is achieved. Attachment # 3 7/15/10</p> <p>F441</p> <p>1. The thermostat was immediately adjusted to allow for 160 + degree temperatures to supply the soiled linen washers. 5/24/10</p> <p>2. It was confirmed that the two hot water heaters located in the laundry was the only source of hot water for the soiled linen washers. 5/24/10</p> <p>3. Staff were instructed to regularly log the temperatures of the soiled linen washers on the log sheet maintained for this purpose. Staff were instructed to notify management if temperatures do not meet the 160 F criteria. Attachment #13 6/11/10</p> <p>4. Plant operation maintenance staff was instructed as to the required temperatures for the hot water heaters in this location. Staff made aware that this temperature must be maintained when performing maintenance and repair of this equipment. Monitoring of ventilation was placed on weekly check list Water temperature gauge to be installed directly on tank by July 1, 2010. Attachment #14 7/1/10</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Cokesbury Village

DATE SURVEY COMPLETED: May 25, 2010

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|--|
| | <p>Cross refer to CMS 2567-L survey report date completed 5/25/10, F371, example #2.</p> <p>4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitation – Temperature, pH, Concentration, and Hardness.</p> <p>A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at exposure times specified under ¶ 4-703.11(C) shall be listed in 21 CFR 178.1010 Sanitizing solutions, shall be used in accordance with the EPA-approved manufacturer's label use instructions, and shall be used as follows:</p> <p>(B) A quaternary ammonium compound solution shall:</p> <p>(2) Have a concentration as specified under § 7-204.11 and as indicated by the manufacturer's use directions included by the manufacturer's label.</p> <p>This requirement was not met as evidenced by:</p> <p>Cross refer to CMS 2567-L survey report date completed 5/25/10, F371, example #1</p> <p>5-202.11 Approved System and Cleanable</p> | <p>F467</p> <p>1. Supply air fan for the clean linen was turned on immediately providing positive pressure for the clean (dryer) room 5/24/10</p> <p>2. The soiled (washer) room exhaust fan was found to not be operating correctly, having a loose belt. This was replaced and negative (exhaust) ventilation was restored. 5/24/10</p> <p>3. It was observed that the former practice was to operate the clean (dryer) room with negative air to minimize air flow to the residential hallway was incorrect. The outside pressurization fans were turned back on and the doors to the corridor were closed thereby reestablishing a positive pressure in the washer room. Signs were posted on the switch for the fans warning not to turn them off and signs posted on doors to keep them closed. 5/24/10</p> <p>4. Laundry and maintenance and management staff in-serviced on regulations for proper ventilation for these rooms as systematic change Attachment #14 6/11/10</p> <p>F371 (2)</p> <p>1 Immediate action was to readjust the hairnet on those employees who had them on incorrectly. 5/18/10</p> <p>2 Staff in-serviced on the proper use of hairnets. Attachment #6 6/18/10</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 4 of 5

NAME OF FACILITY: Cokesbury Village

DATE SURVEY COMPLETED: May 25, 2010

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|---|--|
| | <p>Fixtures</p> <p>(A) A PLUMBING SYSTEM shall be designed, constructed, and installed according to LAW.</p> <p>This requirement was not met as evidenced by:</p> <p>Cross refer to CMS 2567-L survey report date completed 5/25/10, F371, example #3.</p> <p>6-501.12 Cleaning, Frequency and Restrictions</p> <p>(A) The PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.</p> <p>This requirement was not met as evidenced by:</p> <p>Cross refer to CMS 2567-L survey report date completed 5/25/10, F371, example #4.</p> | <p>3 Compliance monitor visually and spot checks for 8 weeks starting 6/21/10 will be recorded in QI program Attachment #7 5/18/10</p> <p>4 In service staff by 6/18/10 on proper use of hair restraints as well as weekly spot checks documented in QI program. 6/21/10</p> <p>F371 (1)</p> <p>1. Immediate action was to suspend any use of the 3 compartment sink and contact Ecolab to check sanitizer dispenser. 5/18/10</p> <p>2. Due to the fact that 99% of items are cleaned/sanitized utilizing the dishmachine, the 3 Compartment sink is used very infrequently or during emergency situations when the dishmachine is inoperable. 5/18/10</p> <p>3. When 3 compartment sink is utilized, sanitizer levels will be checked to insure accuracy and will be logged on tracking sheet. Any issues/concerns will be reported immediately to Chef/Manager. Staff in-serviced on proper usage. Attachment #4 6/18/10</p> <p>4. Chef/Manager will monitor to insure that when necessary, tracking sheet is utilized. 7/15/10</p> <p>Attachment #5</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 5 of 5

NAME OF FACILITY: Cokesbury Village

DATE SURVEY COMPLETED: May 25, 2010

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|--|
| | | <p>F371 (3)</p> <p>1 Staff was instructed to refrain from using the sink w/o the air gap to eliminate the risk to residents. The drain pipe to the sink was reconfigured to provide for an "air gap" as required by code. 6/14/10</p> <p>2 Other sinks in the food preparation area were examined and found to have the proper "air gap". 6/14/10</p> <p>3 Staff will be instructed to use only sinks that have "air gaps" when preparing food. In-service training detailing the reasons for "air gaps" and how to identify sinks that are not to be used for food preparation. Attachment #8 6/18/10</p> <p>4 Plant Operations maintenance staff in-serviced as to compliance with Food Code related to "air gaps" to assure that proper gaps are maintained when repairing or modify plumbing system that are use for food preparation. 6/11/10</p> <p>Attachment #9</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 5 of 5

NAME OF FACILITY: Cokesbury Village

DATE SURVEY COMPLETED: May 25, 2010

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|---|
| | | <p>F371 (4)</p> <ol style="list-style-type: none">1. Immediate action taken was the cleaning of identified areas. 5/18/102. Updated Master Cleaning Schedule for Cooks & Utility Workers to include area checks of identified areas. 5/18/10 Attachment #103. A sanitation inspection will be conducted. A change in the daily routine now consists of a 2:00pm sweep & mop of entire kitchen Attachment #11 5/18/104. Biweekly check to replace monthly checklist, Corrective action will be monitored by Executive Chef and Manager on Duty Attachment #12 |